Council of State and Territorial Epidemiologists

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Representing the Council of State and Territorial Epidemiologists (CSTE), the lead professional organization for state and territorial public health epidemiologists responsible for investigation and control of all communicable and environmental disease/injury outbreaks within their jurisdictions.

Before The United States Senate
Health, Education, Labor and Pensions Committee
Subcommittee on Bioterrorism and Public Health Preparedness

April 5th, 2006

Re: Reauthorization of the Public Health Security and Bioterrorism Preparedness and Response Act of 2002 (P.L. 107-188)

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Mr. Chairman and Members of the Subcommittee, my name is Dr. Eddy Bresnitz, Deputy Commissioner for Public Health Services and State Epidemiologist in the New Jersey Department of Health and Senior Services, and Secretary-Treasurer of the Council of State and Territorial Epidemiologists (CSTE). Thank you for your invitation today to participate in a Roundtable on All-Hazards Medical Preparedness and Response.

The questions before us today are how do we, (federal, state and local agencies) appropriately prepare for and respond to events that require federal healthcare resources, using effective financial and logistical support, based on evidence-based best practices. At the outset, we would like to echo the statements of Dr. Leah Devlin and others representing the Association of State and Territorial Health Officials made recently before the Senate HELP Committee. The key guiding principles for state and federal preparedness outlined in their testimony included an all hazards integrated approach, predictable and sustainable funding, workforce development, implementation of performance measures, and accountability.

It should be clear that an effective federal response must be built on a solid foundation of state and local infrastructure consisting of well-trained public health (PH) personnel, state-of-the-art equipment, flexible healthcare surge capacity, comprehensive preparedness policies, plans and procedures, and sufficient operating funds to sustain capacities and capabilities. As Secretary Leavitt has stressed, a nationwide PH emergency, such as an influenza pandemic, could only be effectively addressed by comprehensive and sustained preparedness at the state and local levels as the federal government could not possibly provide direct healthcare support at the local level when the outbreak is occurring in every community. Predictable federal funding is the key.

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Two events last year, one real and one staged, highlight the disorganization in the federal response to provide healthcare personnel for healthcare and prophylaxis. In Louisiana, where the infrastructure had virtually disappeared, there were many impediments to effectively mobilize and support needed healthcare personnel from other states. In New Jersey during TOPOFF 3, the federal solution to mobilize personnel to distribute antibiotic prophylaxis was developed through an ad hoc approach and was unrealistic but imposed on the state despite expressed reservations on its likely effectiveness. The MRC and ESAR-VHP systems for recruiting trained healthcare providers are relatively early in their development and require better coordination and sustained efforts on the part of all parties to enhance recruitment and address the cross-state credentialing and liability issues. And states must be equal partners in personnel deployment decision-making.

Federal logistical support for local needs in a PH emergency must work through existing state and local command and control and emergency response infrastructure. The appropriate lead federal agency should be determined by the event. For example, for biological PH emergencies such as an influenza pandemic or a plague attack, DHHS is the most appropriate agency to coordinate the medical and public health response. Similarly, state health departments have strong relationships with State Hospital Associations, in addition to their statutory regulatory oversight. The lead federal agency must work through the State DOH, in conjunction with the State Hospital Association, to coordinate preparation and response to mass casualty events where federal resources are required. In summary, the appropriate federal healthcare response is one coordinated and led by existing state emergency response systems. Thank you.